

WHITE LINE CDL TRAINING

Application for Admission – Transportation Program

Class A & B Training

Date: _____ How did you hear about the CDL course? _____

I would like to obtain my Class A CDL I would like to obtain my Class B CDL

Personal information:

Last	First	Middle	Preferred Name Used
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Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone Number: _____

Email Address: _____

Alternate Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

In case of Emergency: _____

Mailing Address: _____

Phone Number: _____

Education

Education Completed:

<input type="checkbox"/> Grade School	<input type="checkbox"/> Junior High School	<input type="checkbox"/> High School	<input type="checkbox"/> GED
<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree: _____	
<input type="checkbox"/> Special Training: _____			

Schools Attended:	Address	City/State	Dates Attended

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5 Year Employment History

Company	Address	Dates of Employment	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License Information

****YOU MUST HOLD A VALID STATE OF KANSAS DRIVER'S LICENSE TO ENROLL****

<input type="checkbox"/> I currently hold a Class A CDL	<input type="checkbox"/> I currently hold a Class B CDL
<input type="checkbox"/> I currently hold a Class A permit	<input type="checkbox"/> I currently hold a Class B permit
<input type="checkbox"/> I have never had a CDL	<input type="checkbox"/> I have formerly held a CDL

Current Drivers License Number: _____ State: _____

Expiration Date: _____

US Citizen: Yes No If no, Alien Registration Number: _____

DOT Medical Card Information

Do you hold a current DOT Medical Card **and** possess a copy of your Long Form? No Yes Expiration Date: _____

Financial Assistance

How do you intend to finance school expense?

____ Cash or check
____ Credit card
____ State of Kansas VA
____ WIA
____ State of Kansas Voc Rehab
____ FACET
____ Other: _____

I certify that this application is true and correct to the best of my knowledge.

Signature

Date